| •                                                                                                                                                                                                                                                                                                                                                       | PATENT                                         |                                            | N FEE DETER    |                                           | TION RE                | COR            | )       |                 | 09/                    | Z)           | 253                |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|----------------|-------------------------------------------|------------------------|----------------|---------|-----------------|------------------------|--------------|--------------------|--------------------------|
| CLAIMS AS FILED - PART   SMALL ENTITY OTHER TH.                                                                                                                                                                                                                                                                                                         |                                                |                                            |                |                                           |                        |                |         |                 |                        | THAN         |                    |                          |
| TO                                                                                                                                                                                                                                                                                                                                                      | OTAL CLAIMS                                    |                                            | (Column 1)     |                                           |                        |                | RA      | ITE             | FEE                    | ĺ            | RATE               | FEE                      |
| FOR                                                                                                                                                                                                                                                                                                                                                     |                                                |                                            | NUMBER FILED   |                                           | AMIX3 R3DAUM           |                | 845     | C FEE           | 385.00                 | OR           | BASIC FEE          | 770.00                   |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                 |                                                |                                            |                |                                           |                        |                |         | 9=              |                        | OR           | XS18:              |                          |
| _                                                                                                                                                                                                                                                                                                                                                       | <del></del>                                    |                                            | minus 20       |                                           | • .                    |                | -       |                 | · -                    |              | X8G=               |                          |
|                                                                                                                                                                                                                                                                                                                                                         | EPENDENT CL                                    |                                            | minus 3        |                                           |                        |                |         | 3=              |                        | OR           | ×00=               |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                        |                                                |                                            |                |                                           |                        |                | -1      | 45 a            |                        | OR           | ∙290 =             |                          |
| * If the difference in column 1 is less than zero, enter 0 in column 2 TOTAL OR TOTAL                                                                                                                                                                                                                                                                   |                                                |                                            |                |                                           |                        |                |         | TOTAL           |                        |              |                    |                          |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                             |                                                |                                            |                |                                           |                        |                | •       |                 | ~                      |              | OTHER              |                          |
|                                                                                                                                                                                                                                                                                                                                                         |                                                | (Column 1)                                 |                | okasia 2)                                 | (C)Sturre              | 3:             | SM.     | ALL             | SUE                    | ОВ<br>1 — 1  | SMALL E            | ADDI                     |
| ٩                                                                                                                                                                                                                                                                                                                                                       |                                                | REMAINING                                  |                | MAGER<br>EVIGUALI                         | 7000 (4.10)<br>(1.410) |                | 2.7     | VIE.            | TIONAL                 |              | RATE               | TIONAL                   |
| AMENOMENT                                                                                                                                                                                                                                                                                                                                               | ,                                              | AFTER<br>AMENDMENT                         |                | AID FOR                                   |                        |                |         | >               | FEE                    |              |                    | FEE                      |
| NON N                                                                                                                                                                                                                                                                                                                                                   | Total                                          | . 67                                       | Minus :-       | 10d                                       | =-                     | _              | X5      | g.              | -                      | 68           | XS18=              |                          |
| M                                                                                                                                                                                                                                                                                                                                                       | Independent                                    | · 3                                        | Minus          | 6                                         |                        | $\square$      | X4      | 3∀              |                        | QЯ           | x86=               |                          |
| `_                                                                                                                                                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                |                                           |                        |                | 1.1     | <br>45 =        |                        | OR           | 1290=              | 7                        |
|                                                                                                                                                                                                                                                                                                                                                         |                                                |                                            |                | ·                                         |                        |                | L       | MATAL           |                        | OR           | TOTAL<br>AUDIT FEE |                          |
|                                                                                                                                                                                                                                                                                                                                                         |                                                | (Column 1) (Column 2) (Column 2)           |                |                                           |                        |                |         | " FEE           | <u> </u>               | 1            | AUDIT FEE          |                          |
| 9                                                                                                                                                                                                                                                                                                                                                       |                                                | CLAIMS REMAINING AFTER                     |                | HIGHEST<br>NUMBER<br>SEVICUSIO            | PRESE                  | HIT            | B       | TE.             | ADDI-<br>TIONAL        |              | RATE               | ADDI-                    |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                               |                                                | AMENOMENT                                  |                | PAID FOR                                  | <del>.  </del>         | <del>-  </del> |         |                 | FEE                    | }            | W6.10              | FEE                      |
|                                                                                                                                                                                                                                                                                                                                                         | Total                                          | $\cdot \omega \varphi$                     | Mittars        | <u>10a</u>                                | <u> </u>               | A              | X5      |                 | -                      | ]OR          |                    | 1                        |
| AM<br>M                                                                                                                                                                                                                                                                                                                                                 | inaependeni                                    | · ೨                                        | Minus ++       | -12                                       |                        | 1              | X       | 43 =            | ¥_                     | OR           | X86=               | <i>X</i>                 |
|                                                                                                                                                                                                                                                                                                                                                         | FIRST PRESE                                    | NTATION OF MU                              | JLTIPLE DEPEND | IENT CO                                   | / (.                   |                | ١.,     | 45:             |                        | OR           | 1298=              | 1                        |
|                                                                                                                                                                                                                                                                                                                                                         | •                                              |                                            |                |                                           |                        |                |         | TOTAL<br>IT FES |                        | OR           | TOTAL              |                          |
| Ż                                                                                                                                                                                                                                                                                                                                                       | 1204                                           |                                            | ·<br>          | Column 2                                  | iColum                 | nn 3i          | μ(,η),η | 11 625          |                        | <del>.</del> |                    | •                        |
| ပ                                                                                                                                                                                                                                                                                                                                                       |                                                | (Column 1)<br>CLAIMS<br>REMAINING<br>AFTER | PF             | HIGHEST<br>NUMBER<br>REVIOUSL<br>PAID FOR | rnesi                  | En:T           | R       | ATE             | AUUI-<br>TIONAL<br>FEE | ]            | RATE               | · ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                               | Total                                          | AMENDMENT<br>GG                            | Minus -        | 100                                       | ) = -                  |                | ×       | <br>\$9=        |                        | OR           | X\$18=             |                          |
| EN                                                                                                                                                                                                                                                                                                                                                      | Independent                                    | . 3                                        | Minus          |                                           |                        | =              |         |                 | <del> </del>           | 1            | v08-               | 1                        |
| A                                                                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                |                                           |                        |                |         | 4件              |                        | -JOF         | `                  | <del> </del>             |
|                                                                                                                                                                                                                                                                                                                                                         |                                                |                                            |                |                                           |                        |                | . +1    | <b>S</b>        | <u> </u>               | OP           |                    |                          |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE                                                                                                                                                                |                                                |                                            |                |                                           |                        |                |         |                 |                        |              | E                  |                          |
| "Il the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Rumber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                            |                |                                           |                        |                |         |                 |                        |              |                    |                          |